

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 592194

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		1	1			
17		1				
18		1				
19		1				
20		1				
21		1				
22		2				
23		2				
24		2				
25		2				
26		2				
27	1		1			
28		1				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36		2				
37	1		1			
38		1				
39		2				
40	1		1			
41	1		1			
42						
43						
44						
45						
46						
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48						
49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	33	←		←
TOTAL CLAIMS			41			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						